

Policy Certificate - Group Care 360°

GDA FOUNDATION SURANA COLLEGE
NO.16 SOUTH END ROAD
SOUTH END CRICLE
BASAVANAGUDI
BANGALORE-560004
KARNATAKA
GSTN : NA
STATE CODE : 29

Policy No	77253390
Name of Policyholder	GDA FOUNDATION SURANA COLLEGE
Cover type	Main Floater
Policy Period - Start Date	00:00 hrs 22-Dec-2023
Policy Period - End Date	Midnight 21-Dec-2024

Premium Details

Premium	CGST	IGST	SGST	UGST	Total Premium	Premium Payment Mode
₹ 2,225,001	₹ 200250.06	₹ 0	₹ 200250.06	₹ 0	₹ 2,625,501	ANNUAL PREMIUM

Details of Insured

S No.	Particulars	Nos.
1	Primary Insured Members	310
2	Dependents	479
	Total	789

For details of each insured refer to “Annexure A”

Details of Cover

S No.	Particulars	Amount
1	Total Sum Insured	₹ 62,000,000

Intermediary Details

Name	Code	Contact Number
SEEMA MEHTA gps	20167224	7303098253

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Benefits

S. No.	Particulars	Details
I	In-patient Care	Flat Sum insured
Room Rent		
Sum Insured	Maximum eligibility for Normal Hospitalization	Maximum eligibility for ICU Hospitalization
Rs. 200,000	INR 6000 per day	INR 15000 per day

If the Insured Member is admitted in a room where the room rent incurred is higher than the room rent limit specified above, then the Insured Member shall bear the ratable proportion of the Associated Medical Expenses in the proportion of 'the room rent actually incurred-room rent limit' / 'room rent actually incurred' along with the excess Room rent.

Day Care Treatment : List of Day Care procedure attached as "Annexure A under Know your policy Better"
List of Expenses Generally Excluded (Non-Medical) in Hospital Indemnity Policy "Annexure B under Know your policy Better"

Details of Benefits and Optional Extensions

1. Policy type : Non selective
2. Family Structure : Self + Spouse + Dependent children
3. Age Limit: Child age up to 25 years and Employee/Spouse age up to 80 years.

Waiting Period

1. Pre-existing diseases are covered for existing members and new joinees.
2. 30 Days Wait Period condition is waived off for existing members and new joinees.
3. First & Second year exclusion condition for specific diseases is waived off for all Insured Members.

Pre & Post Hospitalization

1. Pre & Post Hospitalization is covered for 30 days and 60 days respectively.

Maternity

1. Maximum Limit for Maternity claims is Rs. 50,000 for Normal and Rs. 50,000 for LSCS.
2. Maternity Expenses Benefit is available for Employees or Spouse Only if covered in data.
3. Maternity claim is payable for first two dependent children only.
4. 9 month waiting period in respect of maternity claims waived for all Insured Members.
5. Pre & Post Natal are Covered under the policy upto Rs 10000 within Maternity Limit
6. New Born Baby covered Covered from Day one Upto Family SI
7. Well baby and Well mother expenses covered within maternity limit with a sub-limit of 10%.

Other Benefits

1. Ambulance charges payable up to a maximum amount of Rs.2500 per claim
2. Lasik/Refractive error treatment – if power of the eye is above +/-7.5 d then claim is payable.
3. Psychiatric treatments and weight loss treatment including Bariatric surgery covered under the policy as per terms and conditions upto 50% of the Sum Insured
4. AYUSH Treatment covered upto SI at govt. hospitals only on IPD basis
5. Domicillary Hospitalization covered upto SI
6. Modern (Advanced) treatments covered upto SI
7. Network Opted Premium
8. E-Consultation General Physician
9. CAPD is covered under pre-post hospitalization.
10. ARMD covered upto 10% SI or Rs 50,000 whichever is lower.
11. 50% Co-pay for femto laser surgery, bio-absorbable Stent, Toric lens, Multi focal Lens.

PPE Kit only COVID 19 treatments

1. Upto Isolation Rooms : Upto Rs. 1200 or 2 PPE kit per day whichever is lower
2. ICU with or without Ventilators : Upto Rs. 2000 or 4 PPE kit per day whichever is lower

**PPE kit includes overall cost of kit including mask, gloves, head and shoe cover, face shield and coverall suit.

Corporate Floater Sum Insured

We shall reimburse the Insured Person such usual and necessary medical expense incurred in-hospital for a period of minimum 24 hours or Day care for the treatment of any illness/injury except maternity and capped diseases after the exhausting the family floater Sum Insured as covered under the policy. The Co. shall provide additional Sum Insured over and above family floater Sum Insured up to family floater Sum Insured per Insured Family on written Our Aggregate Liability in respect of all such claims under Corporate Floater shall not exceed Rs.10 Lakhs for all the Insured members as applicable during the period of Insurance.

Premium per life Excluding tax:

Age Band	200000
0-35	2034.667
36-45	2719.254
46-55	5243.496
56-65	9225.552
66-70	18932.5
71-75	19728.91
76-80	20613.96

Other Term and Conditions

Below terms & conditions are applicable unless specifically waived or amended under the policy.

1. Mid-term increase in Sum insured due to change in level of the employee (promotion) is allowed, but in case of claims it will not be applicable.
2. If Dependents are to be covered under Family Structure, then the same needs to be declared at the time of inception of the Policy. Mid-term inclusion of new born baby and newly-wed Spouse is allowed only if requested for endorsement within 90 days and 45 days of eligibility, respectively.
3. Definition - Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
4. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence, cerebral palsy, cretinism, Mongolism, mental intellectual disability, Parkinson's disease, Alzheimer's disease and Dementia will not be covered under the policy.
5. All additions and deletions will be done on a pro rate a basis unless otherwise agreed.
6. The Insured must inform of new additions within a reasonable time but not later than 30 days from the date of the joining the organization. On exit of employees, deletion of employees should be informed in writing failing which the liability incurred on claims of such employees after their exit, would be of the employer.
7. Domiciliary Hospitalization is specifically excluded.
8. Terrorism cover extended under the policy.
9. Internal congenital disorders are covered under the policy
10. Individuals cannot be covered as an employee and dependent under the same policy, nor may children or parents will be covered by both under the same policy.
11. List of hospitals where cashless can be availed is also available on our website. The Co. however reserves the right to include/exclude any hospital from this list. However if an insured has already availed a cashless from a hospital which is later on delisted by the Co., in such case the Co. will continue to provide cashless to that insured for the same treatment.
12. Following charges levied by hospitals will not be payable under the policy:- Admission charge / Surcharge / Service charges / miscellaneous charges / Registration fee / Admission Fee / Other non- medical or non-treatment related expenses.
13. Existing groups may not split into multiple groups to obtain multiple benefit levels.
14. Excluding a class within a group from coverage is not permitted.
15. Ineligible employees include: contractors; temporary, seasonal, substitute, uncompensated employees; volunteers, silent partners, shareholders or investors only; owners, officers or managing members who are not active, permanent, full-time employees.
16. Any hospitalization to undergo contraception is excluded under the policy.
17. Infertility & related ailments including male sterility , treatment on trial /experimental basis; expenses on fitting of prosthesis (any device /instrument/contributing machine/replacing the functions of an organ) holter monitoring are outside the scope of this policy.

18. Septoplasty for cosmetic purpose shall be excluded from the scope of the policy.
19. 50% co-pay for Bio-absorbable Stent/Toric lens/Multi focal Lens
20. Subject otherwise to terms, conditions and exclusions of Group Care 360 Policy terms and Conditions..
21. Claim payment shall be done in favor of customer (employee)/Nominee
22. Claims whether Cashless or Reimbursement pertaining to any treatment taken in Non-Preferred hospitals will not be payable.
Please refer below link to access the latest list of such hospitals subjected to change from time to time.
<https://www.careinsurance.com/non-preferred-hospital-list.html>
23. In case of any mass media promotion of the product and policy, prior approval from the Co. shall be taken.
24. E- Health Cards will be provided if specifically mentioned on the policy.
25. Refund of premium shall be in accordance to the prevailing GST guidelines.

Claims Servicing Team

Name of Service	Address	Email
Care Health Insurance Ltd	Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road Gurgaon - 122009	Claims@careinsurance.com

For **Care Health Insurance Limited**



Authorized Signatory

Date of Issue : 19-Jan-2024

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited,
5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

Service Branch : CHIL, Site No. 8, 1st Main, 80 Feet Road, S.T. Bed Area, Koramangala, Bangalore, Karnataka - 560034 Branch
Contact No. : 080-49101801

Correspondence Address: Care Health Insurance Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector – 43, Gurugram – 122009 (Haryana).

Call us : 1800-102-4488 Fax : 1800-200-6677

Website : www.careinsurance.com E-mail : customerfirst@careinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 0107464159 dated 21 September 2023, RCM Applicability- N/A
SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 29AADC6281NIZO

IRDA Registration Number - 148

UIN : RHHHLP20126V011920 CIN – U66000DL2007PLC161503

Note:

*In case premium is paid (partly/fully) by the Insured Member, the same shall be eligible for deduction u/s 80D of Income tax act 1961

Tax invoice

Document No	Date
77253390-1	19-Jan-2024

Name of Supplier: Care Health Insurance Limited
Address of Supplier: Site No. 8, 1St Main, 80 Feet Road, S.T.Bed Area , Koramangala .,Bangalore-560034-Karnataka - 29
Supplier GSTIN: 29AADCR6281NIZO

Bill To:
Name of Recipient: Gda Foundation Surana College
Address of Recipient: No.16 South End Road South End Cricle Basavanagudi 560004 Bangalore-29
Customer GSTIN: NA

Description of Goods/Services	Amount
Health Insurance Premium	
Transaction Value	22,25,000.74
CGST @ 9%	2,00,250.06
SGST/UTGST @ 9%	2,00,250.06
IGST @ 18%	0.00
Total Value Including Tax Amount in word:-TWENTY SIX LAKH TWENTY FIVE THOUSAND FIVE HUNDRED ONE RUPEES	26,25,501.00
Place of Supply: Bangalore-29 Service Accounting Code: 997133	

Whether tax payable under reverse charge: No

Note: I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

For Care Health Insurance Limited



Authorised Signatory